

11/27/01
U.S. PTO

11-30-01

A/Reissue

(Rev.85-11/00 Pub.605)

FORM 17-1.1

17-11

Please type a plus sign (+) inside this box →

PTO/SB/50 (03-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

11/27/01
U.S. PTO
10970174-4
10970174-5
10970174-6

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	10970174-4
	First Named Inventor	Abramovitch
	Original Patent Number	6,046,968
	Original Patent Issue Date (Month/Day/Year)	04/04/00
	Express Mail Label No.	EL795260872US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?

 Yes No

(If Yes, check applicable box(es))

 Written Consent of all Assignees (PTO/SB/53)

 37 C.F.R. § 3.73(b) Statement Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

- Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- Original U.S. Patent for surrender

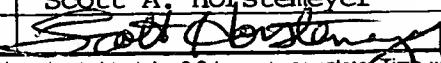
 Ribboned Original Patent Grant

 Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (if applicable);
- Preliminary Amendment for Reissue
- Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:
.....

15. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label  or Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Patrick Murphy				
Address	Hewlett-Packard Company, Intellectual Property Administration P.O. Box 272400				
City	Fort Collins	State	CO	Zip Code	80527-2400
Country	USA	Telephone	970.898.6968	Fax	970.898.7247

NAME (Print/Type)	Scott A. Horstemeyer	Registration No. (Attorney/Agent)	34,183
Signature		Date	11/16/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

11/27/01
10044 U.S. PTO

PTO/SB/56 (02-01)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
10970174-4

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 37	Total Claims (37 CFR 1.16(i))	(B) 37	**** 0 =	x \$ ____ =		or	x \$18 = 0
(C) 6	Independent claims (37 CFR 1.16(i))	(D) 6	* 0 =	x \$ ____ =			x \$34 = 0
							\$740.00
				Basic Fee (37 CFR 1.16(h))	\$ ____		
				Total Filing Fee	\$ ____	OR	\$740.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 99	MINUS	** 37	* = 62	x \$ ____ =		x \$ 18 =	1116.00
Independent Claims (37 CFR 1.16(i))	*** 17	MINUS	***** 6	= 11	x \$ ____ =			924.00
					Total Additional Fee	\$ ____	OR	\$2,040.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 08-2025 in the amount of \$2780.00.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-2025.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

11/16/01
Date

Signature of Applicant, Attorney or Agent of Record

Scott A. Horstemeyer, Reg. 34,183
Typed or printed name

Practitioner's Docket No. 10970174-4

PATENT

**REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT
TO REISSUE APPLICATION**

Please transfer the drawings from original patent, 6,046,968, filed on
July 24, 1997, for the invention entitled Re-Writable Optical Disk Having
Reference Clock Information Permanently Formed on the Disk

to the reissue application, the specification of which:

is attached hereto.

was filed on _____, as reissue application num-
ber /



Signature of practitioner

Date: 11/16/01

Reg. No.: 34,183

Tel. No. 770-933-9500

Customer No.: 022879

Scott A. Horstemeyer

(type or print name of practitioner)

Hewlett-Packard Company

P.O. Box 272400

P.O. Address

Fort Collins, CO 80527